

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90040 006 \*\*\*\*61.25

**DOCUMENT # N05000000649**

1. Entity Name  
**ABBEYWOOD HOMEOWNERS ASSOCIATION INC**



Principal Place of Business  
**C/O S&S BUSINESS SERVICES, INC.  
 2910 GARDEN STREET, BLDG 1  
 TITUSVILLE, FL 32796 US**

Mailing Address  
**PO BOX 5036  
 TITUSVILLE, FL 32783-5036 US**

4003042



2. Principal Place of Business - No P.O. Box #  
**2320 ST. ANDREWS DR**

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_

01242007 Chg-NP CR2E037 (12/06)

City & State  
**TITUSVILLE FL**

City & State  
 \_\_\_\_\_

4. FEI Number  
**20-2274286**

Applied For  
 Not Applicable

Zip  
**32780**

Country  
**USA**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SEIFFERT, NORMA J  
 2910 GARDEN ST, BLDG 1  
 TITUSVILLE, FL 32796**

7. Name and Address of New Registered Agent  
 Name **Philip Ericson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2320 ST. ANDREWS DR.**  
**Titusville, FL**  
 City **FL** Zip Code **32780**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Philip Ericson **TREASURER** 4/10/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLAUDIUS, ANDIE 2350 ST. ANDREWS DR TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ERICKSON, PHIL 2320 ST. ANDREWS DR TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KITTRIDGE, HAROLD 2550 ST. ANDREWS ST TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PASTOR, JENNIFER 2210 ST. ANDREWS DR TITUSVILLE, FL 32780</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOOTH, MIKE 2460 ST. PAULS DR TITUSVILLE, FL 32780</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Robert McCandless</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4905 ST. George's Ave. Titusville, FL 32780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Ericson **PHILIP ERICSON** 4/10/07 321-264-9607  
Signature and typed or printed name of signing officer or director Date Daytime Phone #